

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

DONGQUAN J CULBETH JR

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

PATIMECAHE MEDICAL, LPN (JANE DOE WILLIAMS)

LANCASTER COUNTY PRISON

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

DOUGLASS J CULBERT JR

All other names by which  
you have been known:

Q29697

ID Number

SCI DALLAS

Current Institution

1000 FOLLIERS ROAD

Address

DALLAS

PA

18612

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

PRIME CARE MEDICAL

Job or Title (*if known*)

Shield Number

Employer

LANCASTER COUNTY PRISON

Address

625 EAST KING STREET

LANCASTER

PA

17602

City

State

Zip Code

 Individual capacity Official capacity**Defendant No. 2**

Name

(JANE DOE) LPN WILLIAMS

Job or Title (*if known*)

LPN

Shield Number

Employer

LANCASTER COUNTY PRISON

Address

625 EAST KING STREET

LANCASTER

PA

17602

City

State

Zip Code

 Individual capacity Official capacity

## Defendant No. 3

Name

LANKASTER COUNTY PRISON

Job or Title (*if known*)

Shield Number

Employer

Address

625 EAST KING STREET

LANKASTER

City

PA

State

17602

Zip Code

 Individual capacity Official capacity

## Defendant No. 4

Name

Job or Title (*if known*)

Shield Number

Employer

Address

City

State

Zip Code

 Individual capacity Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*): Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

THE RIGHTS TO BE SEEN IN A TIMELY MANNER BY MEDICAL STAFF.

DECIDEMATE, INDIFFERENT AND GROSS NEGLIGENCE

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

LPN. WILLIAMS BY IGNORING MY SICK CALLS Prolonged me being seen for medical treatment causing obvious permanent damage and defect. Prime care medical ignored LPN. WILLIAMS who under them care ignored my medical needs. LANCASTER COUNTY PRISON DID

III. **Prisoner Status** NOT NEEDED TO LPN. ASHLEIGH PHAMS Refused for instant treatment.

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) \_\_\_\_\_

**IV. Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

LANCASTER, PA, LANCASTER COUNTY PRISON ON BLOCK 3-5

C. What date and approximate time did the events giving rise to your claim(s) occur?

07/21/23 AND THE EXACT TIME I DO NOT REMEMBER

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

I WAS INVOLVED IN A MUTUAL COMBATIVE FIGHT IN WHICH MY HAND WAS FRACTURED. IT WAS CAUGHT ON THE JAIL VIDEO FOOTAGE. THE OTHER INMATE INVOLVED I DO NOT KNOW HIS NAME.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MY PINKY KNUCKLE WAS FRACTURED AND MISPLACED I WAS IGNORED ON MY SICK-CALLS ABOUT THE SEVERITY UNTIL I PHYSICALLY SPONE TO A NURSE WHILE IN UNIT RESTRICTION. AT THE E.P. LPN ASHLEY PHAM WHO ALSO WORKS IN CCP AND THE PROVIDER WHO WROTE A PRESCRIPTION FOR ME TO GET INTO SURGERY WITHIN TWO DAYS, AFTER IT BEING 12 DAYS AFTER THE ORIGINAL INJURY. I WAS SEEN 18 DAYS AFTER THE FACT AND TOLD AT HOSPITAL MY HAND WAS PASSED THE POINT OF SURGERY BEING USEFUL. IT HAS NOW BEEN 5-6 MONTHS AND MY KNUCKLE

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$100,000.00 BASED ON LPN, WILLIAMS SAYING I SAID NOTHING AND DELIBERATELY BEING SICK CAUSING A PERMANENT MISPLACEMENT OF THE PINKY KNUCKLE. I CLAIM GROSS NEGLIGENCE AND DELIBERATE INDIFFERENCE.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

LANCASTER COUNTY PRISON

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  
 No  
 Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes  
 No  
 Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

LANCASTER COUNTY PRISON, 625 EAST KING STREET 17602

2. What did you claim in your grievance?

THAT MY HAND WAS BROKEN

3. What was the result, if any?

LPN WILLIAMS DENIED THAT I PUT IN GRIEVANCES SPEAKING ABOUT MY HAND

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I WROTE MULTIPLE TIMES, I APPEALED, HEA PGS PONSE, AND YES THE PROCESS IS COMPLETED AND ON FILE. I ASKED FOR MEDICAL FILE DUPLICATES BUT WAS DENIED.

Smart Communications/PADOC

SCI-DALLAS

Name DOUGXUAN

Number QPQ1697

SCI-DALLAS  
1000 Follies Road  
Dallas, PA 18612

U.S. MAIL  
X-RAY

INMATE MAIL



UNITED STATES

RECEIVED  
FEB 14 2024

BY: \_\_\_\_\_

UNITED STATES  
EASTERN DISTRICT COURT  
COURT, PHILADELPHIA, PA 19106-9865

